Customer No.

 $\begin{array}{c} 23338 \\ {\tt PATENT} \ {\tt AND} \ {\tt TRADEMARK} \ {\tt OFFICE} \end{array}$

REGISTRATION NUMBER

PASIC NATIONAL FEE (27 CED 1 402 (-)(1) (5)				CALCULATION	NS PTO USE ONLY
BASIC NATIONAL FEE (37 CFR 1.492 (a)(1)-(5): Neither international preliminary examination fee (37 CFR 1.482)				40/5	11264
Nor international search fee (37 CFR 1.445(a)(2) paid to USPTO				10/5	11204
And International Search Report not prepared by EPO or JPO\$1,110.00					
1,110.00					
International preliminary examination fee (37 CFR 1.482) not paid to					
USPTO but International Search Report prepared by EPO or JPO\$950.00					
	-				
International preliminary examination fee (37 CFR 1.482) not paid to USPTO but					
International search fee (37 CFR 1.445(a)(2)) paid to USPTO \$790.00					
International preliminary examination fee paid to USPTO (37 CFR 1.482)					
But all claims did not satisfy provisions of PCT Article 33(1)-(4)\$750.00					
International preliminary examination fee paid to USPTO (37 CFR 1.482)					
And all claims satisfied provisions of PCT Article 33(1)-(4)\$100.00					
	isiida provisions or re	31 TH HOLO 33(1) (1)	Ψ100.00		
ENT	ER APPROPRIA	TE BASIC FEE A	MOUNT =	\$950.00	
		declaration later than	20 🛭 30	\$130.00	
months from the earlie	NUMBER FILED	NUMBER EXTRA	DATE		
Total Claims	12 -20=	NUMBER EXTRA	RATE X \$18.00	\$	
Independent Claims	1 -3=		X \$88.00	\$	-
MULTIPLE DEPEND		nlicable)	A \$66.00	\$	
Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are				\$1080.00	
reduced by ½.				\$	
SUBTOTAL =				\$1080.00	
Processing fee of \$130.00 for furnishing English translation later than 20 30				\$	
months from the earliest claimed priority date (37 CFR 1.492(f).				Ψ	
			ONAL EED	0100000	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be				\$1080.00	
accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31).				\$	
accompanied by an ap	stopriate cover sheet (.	TOTAL FEES F	ENCLOSED =	\$1080.00	
		TOTALLEST	TICEOSED	Amount to be	\$
				refunded:	
				charged:	\$
a. A check in the	amount of \$ to	cover the above fees is	enclosed.		_1 -
_					
b. Please charge	my Deposit Account N	No. 04-0753 in the amou	nt of \$ to co	ver the above fees. A	A duplicate copy of
this sheet is er	ıclosed.				1 17
c The Commissi	oner is hereby authorize	zed to charge any addition	onal fees which ma	y be required, or cre	dit any
overpayment t	o Deposit Account No	o. 04-0753. A duplicate	copy of this sheet i	s enclosed.	
d 🖾 A novement of	F	ha. amadik aand A O	r a in	F (PTO 2020) :	
d. A payment of	a <u>1080.00</u> is made to all	by credit card. A Creatain by credit card. A Creatain arge payment of any additional card.	lit Card Payment	Form (P1O-2038) 1	s attached hereto. The
application process	sing fees under 37 CE	R 1.17, or credit any ov	er novment to the	credit card account	shown on the attached
Credit Card Paym	ent Form. Refund of	all amounts overpaid,	including those of	twenty-five dollars	or less is specifically
requested. Any fee	es not accepted by the c	redit card shown on Form	n PTO-2038 may h	e charged to Deposit	Account No. 04-0753
1	. ,		, .	• • · · · · · · · · · · · · · · · · · ·	11000ant 1(0: 01 0755.
PLEASE ASSOCIA	ATE THIS APP	LICATION WITH	CUSTOMER 1	NUMBER 23338	AND CONDUCT
CORRESPONDENCE WITH THE UNDERSIGNED APTORNEY.					
Dennison, Schultz, Dou	ugherty & MacDonald		TG		
1727 King Street, Suite			1 Jen		
Alexandria, VA 22314-		SIGNATURI			
Telephone (703) 837-9600 Ext. 23 Ira J. Schultz				28666	
Facsimile (703) 837-09	J8U .⊶ .	NAME		REGISTRATION N	UMBER

DT14 Rec'd PCT/PTO 19 OCT 2004

The PTO did not receive the following listed item(s) NO POST CASIA

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